

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/828,819-Conf. #7521
	Filing Date	April 10, 2001
	First Named Inventor	Chung WHANG
	Art Unit	1794
	Examiner Name	H. C. Rickman
	Attorney Docket Number	5154-0101P

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 02292

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input checked="" type="checkbox"/> 10.40(c)(6) Please explain below: | |

Several attempts have been made to contact the assignee by mail. However, every mail that was sent to the assignee was returned to us. We were not provided with any phone number or e-mail address of the assignee.

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☐ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☐ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Several attempts have been made to contact the assignee by mail. However, every mail that was sent to the assignee was returned to us. We were not provided with any phone number or e-mail address of the assignee.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

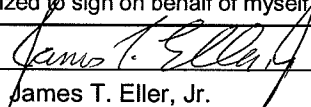
B. ☒ Assignee Name PNT TECHNOLOGY INC.

Address Daeju B/D 3F, Seocho-Dong, Seocho-Ku

City Seoul State Zip Country Republic of Korea

Telephone Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

Name James T. Eller, Jr. Registration No. 39,538

Address Birch, Stewart, Kolasch & Birch, LLP
8110 Gatehouse Road
Suite 100 East

City Falls Church State VA Zip 22040-0747 Country US

Date February 2, 2009 Telephone No. (703) 205-8000

NOTE: Withdrawal is effective when approved rather than when received.